Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS AS	S FILED - (Column			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			<b>ラ</b> ぐ			J		RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			ろ〜mir	nus 20=	*	* 15		X\$ 9=		OR	X\$18=	270
INDEPENDENT CLAIMS			9 mi	inus 3 =	* (4			X43=		OR	X86=	576
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=	٠, ر
* If	the difference	e in column 1 is	less than ze	ero, enter "0" in column 2			l	TOTAL		OR	TOTAL	1500
	С	CLAIMS AS A	MENDEC	) - PAR	T II				L		OTHER	THAN
		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- C' A 19.4	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
30 -34								TOTAL		OR	TOTAL	-
		•	,	ADDIT. FEE		JON ,	ADDIT. FEE					
		(Column 1)	т	(Colun		(Column 3)						
IENT B	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		<del>-</del>		X\$ 9=		OR	X\$18=	
AME	Independent	<u>`_</u>		***	<u> </u>			X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	:
							. L	TOTAL			TOTAL	
ADDIT. FEE											ADDIT. FEE	
<del>,                                    </del>	<u>.</u>	(Column 3)	_									
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME.	Independent	L	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
***	If the "Highest Nui	ımber Previously Pa nber Previously Paid	aid For" IN THIS	S SPACE is	s less thai	n 3, enter "3."			ropriate box			